## BEST AVAILARIF COPY

	PATENT A	APPLICATIO Effect	RD	1-11-139672									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18		·			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		•			X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS			9 minus 3 =		*			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT						Ø		+140=		OR	+280=	280	
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	TOTAL		OR	TOTAL	1.038	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	·55	Minus	** 6	21	-34		X\$ 9=		OR	X\$18=	612	
AME	Independent	+ 3	Minus	***	S	= _		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
21	40101	(Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATĘ	ADDI- TIONAL FEE	ļ	RATE	ADDI- TIONAL FEE	
N O N	Total	* 37	Minus	** 5	38	= -		X\$ 9=		OR	X\$18=		
AME	Independent	* 3	Minus	***	S	= -	$\  \ $	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b>'</b> [	+140=		OR	+280=		
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW	Total	*	Minus	**		=	$\prod$	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	T C1 417.1	=		X42=		OR	X84=		
IL	FIRST PRESE		J ├-			- · ·							

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+140=

ADDIT. FEE

TOTAL

+280=

ADDIT. FEE

TOTAL

OR

Application or Docket Number

<sup>\*\*</sup>If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter \*20.\*
\*\*\*If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter \*3.\*